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Re:	Change of Address	CC:	

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

To Whom It May Concern:

Please see the attached request by applicant for the change of correspondence address. Please update the change.

Best regards,

Shian Luong
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Date: April 11, 2007

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Gentlemen:

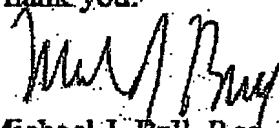
On January 5, 2007 we filed Change of Correspondence Address forms to move several applications to Customer Number 56744 from Customer Number 32894. This has still not been completed properly.

I have attached copies of the Change of Correspondence Address Application forms and the stamped postcard receipt.

Please forward to DOEO and have the updates completed as soon as possible. The change of address forms are already associated with each application.

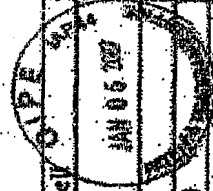
If you have any questions, please contact Deborah White at 703-663-3751.

Thank you.


Michael J. Bell, Reg. No. 39604

DM_US20346334_2

Please indicate receipt of the below-identified paper:		PTO	
<input type="checkbox"/> New Application For: Type of Patent	Priority Date:		
<input type="checkbox"/> Pgm priority claimed	Fee Amt: \$ 0 may be as specified And No. 08 30419		
<input type="checkbox"/> Continuation	<input type="checkbox"/> CIP	<input type="checkbox"/> Divisional	<input type="checkbox"/> CPA
<input type="checkbox"/> Specification: Pages	<input type="checkbox"/> Drawings: Sheets	<input type="checkbox"/> RCE	
<input type="checkbox"/> Response to Office Action Date:	<input type="checkbox"/> Final Rejection		
<input checked="" type="checkbox"/> Other: Mail Stop: EBC: Request for Change of Correspondence Address Transmittal-1 page: PTO/SB/122-12 forms: PTO/SB/123-43 Forms: 1 return postcard			
<input type="checkbox"/> Assignment Enclosed	<input type="checkbox"/> Cert. of Express Mailing	<input type="checkbox"/> Exp. Mail:	
IDENTIFICATION OF APPLICATION			
Serial No.:	Filing Date:	Responsible Amy: Bel	
Title:			
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PTO/SB/122 (01-00)

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**CHANGE OF
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Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/517,100
Filing Date	08-18-2005
First Named Inventor	Yoshimitsu Miyazuchi
Art Unit	1754
Examiner Name	
Attorney Docket Number	00137008-1/PCUS00

Please change the Correspondence Address for the above-identified patent application to:

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I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record, Registration Number 38604

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name

Michael Ball

Date

Telephone 703-663-3600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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